

**Supervisor Certification Form**  
**Massage Therapy Grandfather Application**

**This section must be completed by the licensure Applicant.**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Print Name of Applicant) (Print Name of Supervisor)  
to provide to the Board of Registration Massage Therapy any information deemed relevant to my qualifications as an applicant. I hereby release and discharge the supervisor completing this document from all claims arising out of the provision of such information.

\_\_\_\_\_  
*Applicant's Signature and Date*

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**The Supervisor must complete this section.** To the maximum extent permitted by law, the Board will keep confidential all information provided. Only complete this form if the applicant has completed the waiver above. The Board assumes that you, in recommending this applicant, would be willing to interpret or to discuss your recommendation if the Board should desire to contact you at a later date. **After you have completed this form, please return it to the applicant.**

I, \_\_\_\_\_, recommend the above-named individual for  
(Print Name of Supervisor)  
licensure as a Massage Therapist. I certify that I supervised paid professional practice of the above named individual. That practice was performed at:

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

The paid professional experience began on approximately \_\_\_\_\_ and ended on approximately \_\_\_\_\_. I was personally involved in the management of the applicant's practice hours, or I have access to the applicable business records; therefore, I can state that the applicant worked at least \_\_\_\_\_ hours within the past five years. To the best of my knowledge, the applicant exhibits appropriate professional competence and is of good moral character.

\_\_\_\_\_  
*Supervisor's Signature and Date*

Supervisor Contact information:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_